

often spoken about it, and told manufacturers and others that mischief would some day come of it. The practice, however, is very common, as with bleachers, galvanizers, braziers, lacquerers, oil pressers, fat renderers, lithographers, and others. As in the case of gas liquor, the practice should be prohibited by Act of Parliament.

Finsbury-square, February 18th, 1861.

HENRY LETHBY.

## A Mirror

### OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

#### ST. MARY'S HOSPITAL.

##### LODGMET OF A FARTHING IN THE ŒSOPHAGUS OF A YOUNG CHILD; EJECTION THROUGH THE INFLUENCE OF EMETICS.

(Under the care of Dr. HANDFIELD JONES.)

As a companion to the case in which a shilling was swallowed by a little boy, recorded in the "Mirror" of the 9th inst. (p. 137), we publish the following very remarkable instance of the impaction of a farthing in the upper part of the œsophagus of a child eighteen months old for the long period of three months. The symptoms were peculiar, and as very little food passed downwards the child became much emaciated. The presence of the farthing at the back of the larynx occasioned attacks of dyspnoea. It could not be felt by the finger, and its ejection was successfully accomplished by repeated emetics. Considering the period during which lodgment continued, it is somewhat singular that ulceration, abscess, or some more serious mischief had not ensued. Mr. Erichsen relates an instance in which a piece of gutta percha had remained lodged and undetected in the œsophagus of a man for upwards of six months. One day at dinner this patient suddenly vomited a large quantity of blood and fell down dead. The foreign body had formed a pouch for itself, and had ulcerated into some important bloodvessel. The subjoined case is uncommon, because a foreign body is generally readily detected in the throat of a child.

J. P.—, aged eighteen months, female, was admitted Aug. 24th, 1860. Her mother reports that about twelve months ago the child nearly swallowed a farthing; for fourteen days after this feat she was weak and ailing, and then began to vomit and make a noise in her breathing. Her breath is sometimes very short; she gets dark in the face; has constant sickness; the food seems not to descend beyond a little way. Gets worse; is much emaciated; lips now of good colour; loud snoring noises all through both backs, which are fully resonant; jugulars not distended.

On examination of the throat two days later with the finger no foreign body could be felt. Emetics of sulphate of zinc night and morning were ordered. On the 28th the child had a severe paroxysm of dyspnoea, and appeared in great danger of suffocation. In the evening the mother gave her three consecutive doses of the emetic mixture. The first two had no effect, but after the last the child vomited up the farthing. It was shown to Dr. Jones the next day. The coin was much darkened, and had a distinct transverse line running across its middle; at first there was a substance "like liver" adhering to it. Since the ejection of the farthing the child has swallowed better. It is probable that the coin had lain during the long time that had elapsed from the date of its being swallowed in the lower part of the pharynx, just behind the entrance to the larynx. In this position it would obstruct permanently the descent of food into the œsophagus, and also might easily irritate at times the constrictor muscles of the glottis, so as to close the opening, and thus cause the paroxysms of dyspnoea. The

transverse line on the coin was probably produced by the grip of the pharyngeal constrictors which held its lower part. The liver-like stuff about it was doubtless altered blood. It seems doubtful whether poking with forceps would have succeeded so well as the simple emetics.

#### LONDON HOSPITAL.

##### STRICTURE OF THE FEMALE URETHRA, CAUSED BY INJURY IN CHILDBIRTH; CURED BY DILATATION.

(Under the care of Mr. CURLING.)

STRICTURE of the female urethra is a very rare disease. This can be readily understood when it is remembered that this part of the female organism is not a primary seat of gonorrhœa, as in the male sex. The causes of stricture in the female are chiefly laceration and injury to which the canal is occasionally liable during parturition; the extension of inflammation from the vagina to the urethra, which may be gonorrhœal; and chancrous ulceration.

Independently of contractions, properly so called, Mr. Henry Thompson mentions the presence of excrescences at the external meatus as a not unfrequent cause of narrowing of the canal, and of extreme pain and difficulty in passing urine. Of all these causes, however, injuries received during parturition are the most common. A rare and interesting example of the kind we have the opportunity of placing upon record from notes taken by Mr. Gwynn, the dresser of the patient. That the stricture arose from injury received at childbirth was Mr. Curling's opinion; and the history of the case fully confirms it. Some years ago this gentleman had a similar case in the hospital, the stricture having originated in a contusion to which the urethra had been subjected in a protracted labour which had taken place twenty-eight years before. As an instrument could not be passed into the bladder, he was compelled to puncture that viscus in the direction of the canal beneath the pubes. The obstruction was situated an inch and a half from the external orifice. (A short account of this case is published in the fourth volume of the "Cyclopædia of Anatomy and Physiology," p. 1267.)

Mr. Thompson, in his work "On Stricture of the Urethra," refers to cases that have occurred to Mr. Earl, Sir B. Brodie, Mr. Curling, Dr. Blundell, and himself. The seat of the stricture varied. In two cases of Dr. Blundell, the entire canal was contracted from end to end. Sir Benjamin Brodie believes that it is always the anterior part of the canal which is affected. It is probable that the situation of the stricture will depend upon the cause producing it. Mr. Curling remarked, however, that as in the male the worst forms of stricture arise from external violence, so in those cases in the female the strictures are of a severe character.

We are astonished to find the subject of urethral stricture in the female unnoticed by almost every modern surgical writer, with the exception of Mr. Henry Thompson, who has devoted a chapter to its consideration in his work "On Stricture" generally.

Mary L.—, aged thirty, married, was admitted on the 9th of October, 1860. This patient, a healthy-looking woman, with dark hair and eyes, but highly nervous and hysterical, states that when seventeen years old she strained herself whilst lifting a heavy weight. Half an hour afterwards, a swelling, which she described as resembling a "child's head" in size, came down, and protruded through the external labia, attended by great pain. Leeches were applied by a medical man, and several attempts made to reduce it without success. Her urine used to run under this tumour, causing pain in its passage. An operation was advised, and Mr. Hilton removed the tumour at his own house. Her left leg now became painful and swollen, and she gradually lost all sensation and motion in it. For this she was admitted into Guy's Hospital, was leeches and blistered in the left groin, and nitrate of silver applied to the uterus. Whilst in the hospital she was transferred to Dr. Lever, who continued the same treatment, and at the end of four months, after being cautioned not to get married, she was discharged cured. This advice she thought fit to disregard, and was married three years after leaving the hospital. When twenty-one years of age, she gave birth to her first child, after a very painful and protracted labour. No instruments were used. Her urine now began to cut and pain her in its passage, but she managed to get on very well for five years, until the